Air/Material Sampling Report

Michigan Department of Labor and Economic Opportunity
Michigan OSHA/Occupational Health Laboratory

1. Reporting ID 2. Inspection/Visit/Inter						rvention Number				3. Sampling Number										
4. Est	4. Establishment Name												5. <u>Public/Private</u> (F <u>or C</u> onsultation u <u>se only)</u>							
												Self-Help Public Private								
6. Person Performing Sampling (Signature)							7. CSHO ID			8.	8. Sampling Date 9. Shipping Date				e					
10. Employee Name								11. Job Title												
12 F	xposure In	formation						13. Photo(s)												
		Number		F	requency				10.1 1100				Yes No							
Exposure Summary																				
14. 15. Sub-				19.		21.	22.	23.	24. Citation/Hazard Information											
Line No.	stance Code	16. Rqstd.	Sample Type	18. Exp. Type			PEL	Adj.	Severity	No. Cited	FTA	Over Exp.	Eng.	PPE	Trng.	Med.	Other	No Haz.		
1.																				
2.																				
3.																				
4.																				
5.																				
25. A	dditives (e	nter Line n	umbers fo	r those ag	ent contrib	outing to a	dditive	effect)												
26. To	otal Numbe	er of Lines	(14):		Results R	eceived fr	om	28. P	28. Pump Model Pur			Pump	mp Number							
				Lab																
20. 6.	ample Cub	mississ N	umbar			•	Samp	ling L	Jata					I						
	ample Sub		umber					-					-					-		
30. Sample Type/Media						-										-				
31. Filter/Tube Number																				
32. Time On																				
Time Off																				
33. Total Time (in minutes) 34. Flow Rate																				
I/min ml/min																				
35. V	olume (in li	iters)																		
36. Lab Sample Number																				
37. Analyze For: 38. Reporting Limit							Results													
1.																				
2.																				
3.																				
4.																				
5.	<u></u>																			
39. Results Expressed In (unless otherwise noted) 40. Test Method																				
41. Interferences & IH Comments to 42. Supporting Samples (Blanks)) 43. Chain of Custody Date Initials						ials							
Lab								a. Seals Intact?						YN						
									b. Received in Lab						<u>'</u>	14				
44. Analyst's Comments Suppor				orting Sam	ing Samples (Bulks)			c. Received by Analyst												
									d. Analyst Complet				ted							
							e. Calculations Ch													
1								f. Supervisor Approval							1					

Samples NOT blank corrected unless otherwise indicated. Results relate only to the items tested.

46. Flow Rate 46. Flow Rate 240. Initials 47. Location 48. Flow Rate 49. Pump Calibrator Tag No 59. Initials 51. Date 19. Post-Sampling Calibration Records 53. Flow Rate 53. Flow Rate 54. Flow Rate 55. Pump Calibrator Tag No 56. Initials 57. Date 57. Date 59. Flow Rate 59. Job Description, Operation, Work Location(s), Ventilation, Controls, Field Notes, and Calculations 59. Job Description, Operation, Work Location(s), Ventilation, Controls, Field Notes, and Calculations 59. Job Description, Operation, Work Location(s), Ventilation, Controls, Field Notes, and Calculations 59. Job Description, Operation, Work Location(s), Ventilation, Controls, Field Notes, and Calculations 59. Job Description, Operation, Work Location(s), Ventilation, Controls, Field Notes, and Calculations 59. Job Description, Operation, Work Location(s), Ventilation, Controls, Field Notes, and Calculations 59. Job Description, Operation of Location 59. Job Description, Operation, Work Location(s), Ventilation, Controls, Field Notes, and Calculations 59. Job Description, Operation of Location 59. Job Description 59. Job Description, Operation of Location 59.			Pre-Sampling C	alibratio	n Records			
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